

Case Number:	CM14-0018692		
Date Assigned:	04/18/2014	Date of Injury:	07/15/2013
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker date of injury is 07/15/2013. The treating physician is treating the patient for chronic pain in the left fifth finger. The initial injury occurred as a result of a traumatic injury to this finger when it was struck by a basketball. The collision caused a fracture of the fifth finger. The physical therapy note dated 01/13/14 states the patient's level of pain to be 7-8/10. The patient showed active guarding of the finger and some edema was seen proximally. The physician is requesting a paraffin wax bath for home use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PARAFFIN WAX BATH FOR HOME USE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient is receiving treatment for chronic pain in her left hand and left fifth finger. At issue is whether home paraffin bath therapy is safe and effective for this problem. The ODG states that paraffin baths may be of value if used as an adjunct to a program of evidence-based conservative care (exercise). There is no basis to recommend this service in the

unsupervised home setting. The request for the paraffin bath for home use is not medically necessary and appropriate.